

**HOWARD COUNTY GOVERNMENT**  
**PLAN YEAR: JANUARY 1, 2017 - DECEMBER 31, 2017**

<b>PLAN OPTION &amp; ENROLLMENT TIER</b>	<b>2017 FULL MONTHLY PREMIUM</b>	<b>FULL TIME EMPLOYEE Bi weekly contribution (24 pays)</b>	<b>PART TIME EMPLOYEE Bi weekly contribution (24 pays)</b>
<b>Aetna Open Choice PPO</b>			
Employee	\$681.20	\$51.50	\$170.50
Employee & Child(ren)	\$1,192.09	\$89.50	\$298.50
Employee & Spouse	\$1,566.75	\$118.00	\$392.00
Family	\$1,941.41	\$146.00	\$485.50
<b>Aetna Open Access Select</b>			
Employee	\$576.96	\$29.00	\$144.50
Employee & Child(ren)	\$1,078.92	\$54.00	\$270.00
Employee & Spouse	\$1,327.01	\$66.50	\$332.00
Family	\$1,707.82	\$85.50	\$427.00
<b>Kaiser HMO</b>			
Employee	\$524.74	\$26.50	\$131.50
Employee & Child(ren)	\$997.01	\$50.00	\$249.50
Employee & Spouse	\$1,206.90	\$60.50	\$302.00
Family	\$1,574.22	\$79.00	\$394.00
<b>Delta Dental PPO Plus</b>			
Employee	\$33.46	\$9.00	\$9.00
Employee & Child(ren)	\$58.47	\$15.00	\$15.00
Employee & Spouse	\$76.93	\$19.50	\$19.50
Family	\$94.68	\$24.00	\$24.00
<b>Dominion Dental EPO</b>			
Employee	\$13.00	\$3.50	\$3.50
Employee & Child(ren)	\$24.34	\$6.50	\$6.50
Employee & Spouse	\$24.34	\$6.50	\$6.50
Family	\$31.42	\$8.00	\$8.00

<b>Supplemental Life Insurance</b>	
<b>Age on January 1st</b>	<b>Monthly Rate per \$1000 of coverage</b>
under 25	\$0.050
25 - 29	\$0.060
30 - 34	\$0.080
35 - 39	\$0.090
40 - 44	\$0.100
45 - 49	\$0.190
50 - 54	\$0.330
55 - 59	\$0.430
60 - 64	\$0.660
65 - 69	\$1.270
70 +	\$2.060

<b>Dependent Life Insurance</b>
\$20,000 benefit on spouse
\$10,000 benefit on child(ren)
Rate is \$1.00 per pay